



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No.:	10/691,385	Confirmation No.	8673
Applicant(s):	Charles G. Hwang, et al.		
Title	Syringe Tip Cap		
Filed:	October 22, 2003		
TC/A.U.:	3763		
Examiner:	Currently Not Assigned		
Docket No.:	P-6048/1		
Customer No.:	26253		

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO OCTOBER 14, 2005 OFFICE ACTION**

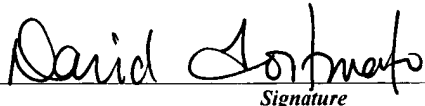

Sir:

Applicants submit this response to an Office Action mailed by the USPTO on October 14, 2005 (the "Office Action"). Filed concurrently herewith is a Request for Continued Examination ("RCE") by which applicants request further consideration of the present application.

A complete listing of the **claims** begin on page 2 of this paper.

**Remarks** begin on page 7 of this paper.

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER OF PATENTS, P.O. BOX 1450, ARLINGTON, VA 22313-1450	
ON:	March 9, 2006
BY:	Donna Baumann
(SIGNATURE)	(DATE)

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>P-6048/1</b>	
Applicant(s):						
Application No. <b>10/691,385</b>	Filing Date <b>October 22, 2003</b>	Examiner <b>Currently Not Assigned</b>	Customer No. <b>26253</b>	Group Art Unit <b>3763</b>	Confirmation No. <b>8673</b>	
Invention: <b>SYRINGE TIP CAP</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	30 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>02-1666</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: <b>March 9, 2006</b>			
<b>David M. Fortunato</b> <b>Attorney for Applicants</b> <b>Reg. No. 45,548</b> <b>Becton, Dickinson and Company</b> <b>1 Becton Drive</b> <b>Franklin Lakes, New Jersey 07417</b> <b>201-847-6940</b>			<div style="border: 1px solid black; padding: 5px;">         I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  <b>March 9, 2006</b>          (Date)            Signature of Person Mailing Correspondence  <b>Donna M. Baumann</b>          Typed or Printed Name of Person Mailing Correspondence       </div>			
CC:						

